

# Ware County, Georgia



## Employee Benefits Handbook

Plan Year July 1, 2018 thru June 30, 2019

*Ware County*

Opportunity in every direction.

Enroll online at [www.eElect.com](http://www.eElect.com)

Enrollment ID = 96392

Employee ID = SSN

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to [www.msibq.com](http://www.msibq.com)

Click on "Employee" at the top right of your screen

**Username: wareEE**

**Password: Benefits123**

## ELIGIBILITY

**Newly hired Full-time employees are eligible for benefits on the first day of the month following 60 days of service.** Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

## SECTION 125 PLAN

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health, dental, vision, accident and FSA premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). **If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.** Please contact Human Resources at (912) 287-4300 if you have any questions regarding the open enrollment period or changes.

# MESSAGE FROM CHAIRMAN BROWN



To: All Full Time Employees  
From: Chairman Brown  
Subject: Employee Benefits

Ware County appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This handbook is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this handbook as well as contact information for a variety of resources.

Thank you for all of your hard work!

Jimmy Brown  
Chairman

## BOARD OF COMMISSIONERS



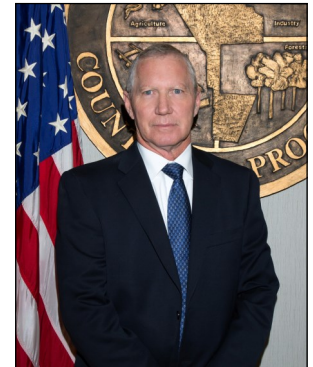
**Carlos Nelson**  
District 1



**Jerry Pope**  
District 2



**Danny Turner**  
District 3



**Steve Barnard Sr.**  
District 4

# SIDE by SIDE MEDICAL COMPARISON



As an eligible Ware County employee you may choose from two different BlueCross BlueShield of Georgia (BCBSGA) Open Access POS health plan options (referred to as **BASE** and **BUY UP**). Open Access means you are not required to name a primary care physician and referrals are not required to visit a specialist physician. Each plan offers out-of-network coverage but you receive the best value by staying in the OA POS network. All employees and their covered dependents enrolled in one of the health plans will automatically be enrolled in the Health Reimbursement Arrangement (HRA). The HRA is designed to reimburse all covered members the last \$1,000 of their \$2,500 annual medical deductible.

IN-NETWORK	BASE	BUY-UP
Individual Calendar Year Deductible	\$2,500	\$2,500
Family Calendar Year Deductible	\$7,500	\$5,000
Coinsurance	Member Pays 20% Plan Pays 80%	Member Pays 20% Plan Pays 80%
Individual Out-of-Pocket Maximum <i>(includes deductible)</i>	\$6,600	\$4,000
Family Out-of-Pocket Maximum <i>(includes deductible)</i>	\$13,200	\$8,000
Primary Care Physician Copay	\$25	\$25
Specialist Physician Copay	\$50	\$50
LiveHealth Online <i>(see pages 8-9) - Telemedicine Services</i>	\$15	\$15
Preventive Care <i>(not subject to deductible)</i>	Member Pays 0%	Member Pays 0%
Urgent Care Services Copay	\$60	\$75
Emergency Room Copay <i>(waived if admitted)</i>	\$150 + 20%	\$300
OUT-OF-NETWORK	BASE	BUY-UP
Individual Calendar Year Deductible	\$5,000	\$5,000
Family Calendar Year Deductible	\$15,000	\$10,000
Coinsurance	Member Pays 40% Plan Pays 60%	Member Pays 40% Plan Pays 60%
Individual Out-of-Pocket	\$19,800	\$8,000
Family Out-of-Pocket	\$39,600	\$16,000
PRESCRIPTION DRUG CO-PAYMENTS	BASE	BUY-UP
Rx Deductible <i>(Does not apply to Tier 1)</i>	\$200 per Member \$400 per Family	None
Retail Drugs – Tier 1	\$15	\$10
Retail Drugs – Tier 2	\$45	\$35
Retail Drugs – Tier 3	\$85	\$60
Retail Drugs – Tier 4	20% up to \$300	Not Applicable
Home Delivery Maintenance Drugs – (90 day supply)	\$15 / \$90 / \$255	\$25 / \$87 / \$150

\*Member Pays negotiated network rate at in-network pharmacy

For a full disclosure of all benefits, exclusion and limitations please refer to your Certificate Booklet available in Human Resources

## EMPLOYEE MEDICAL DEDUCTIONS

Bi-Weekly Deductions (26/year)

### WELLNESS

COVERAGE LEVEL	BASE	BUY UP
Employee Only	\$ 46.00	\$ 71.00
Employee + Spouse	\$ 70.00	\$118.00
Employee + One Child	\$ 70.00	\$118.00
Employee + Two or More Dependents	\$102.00	\$174.00

### NON-WELLNESS

COVERAGE LEVEL	BASE	BUY UP
Employee Only	\$131.00	\$156.00
Employee + Spouse	\$240.00	\$288.00
Employee + One Child	\$155.00	\$203.00
Employee + Two or More Dependents	\$272.00	\$344.00



# MEDICAL BENEFIT SUMMARY

	BASE		BUY UP		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Covered Services</b>					
<b>Calendar Year Deductible*</b>	Individual Family	\$2,500 \$7,500	\$5,000 \$15,000	\$ 2,500 \$5,000	\$5,000 \$10,000
<b>Coinsurance</b>		Member Pays 20% Plan Pays 80%	Member Pays 40% Plan Pays 60%	Member Pays 20% Plan Pays 80%	Member Pays 40% Plan Pays 60%
<b>Calendar Year Out-of-Pocket Maximum*</b> (includes calendar year deductible)	Individual Family	\$6,600 \$13,200	\$19,800 \$39,600	\$4,000 \$8,000	\$8,000 \$16,000
*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the family deductible is met, all family members can access coverage for health care expenses. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services. The medical copayments on this plan will apply toward the out-of-pocket maximums.					
<b>Preventive Care</b>					
<b>Routine Preventive Care – All Ages</b> (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits)  Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate Screening		Member pays 0% (not subject to deductible)	30% after deductible (Deductible waived through age 5)	Member pays 0% (not subject to deductible)	30% after deductible (Deductible waived through age 5)
<b>Physician Services</b>					
<b>Physician Office Visits for Illness and Injury</b> (including labs, x-rays, and diagnostic procedures)  Primary Care Physician (PCP)*  Specialist Physician *Also applies to services rendered at Retail Health Clinics		\$25 copay  \$50 copay	40% after deductible	\$25 copay  \$50 copay	40% after deductible
<b>Maternity Physician Services</b> Global obstetrical care (prenatal, delivery and postpartum services)		20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Telemedicine Services</b>		\$25 PCP copay / \$50 Specialist copay	40% after deductible	\$25 PCP copay / \$50 Specialist copay	40% after deductible
<b>Telehealth Services</b> – Online Physician Visit ( <a href="https://livehealthonline.com">https://livehealthonline.com</a> )		\$15 PCP copay	40% after deductible	\$15 PCP copay	40% after deductible
<b>Allergy Services</b> Office visits, testing and the administration of allergy injections  Allergy injection serum		\$25 PCP copay / \$50 Specialist copay  Member pays 20% after deductible	40% after deductible	\$25 PCP copay / \$50 Specialist copay  Member pays 20% after deductible	40% after deductible
<b>Office Surgery</b> (surgery and administration of general anesthesia)		20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Therapy Services</b>					
<b>Office Therapy Services</b> Physical therapy and Occupational therapy: 20-visit benefit period maximum combined Speech therapy: 20-visit benefit period maximum Chiropractic Care/Manipulation therapy: 20-visit benefit period maximum		\$25 copay	40% after deductible	\$25 copay	40% after deductible
<b>Other Therapy Services</b> Chemotherapy and Radiation Therapy  Cardiac rehabilitation (authorization required)  Respiratory/Pulmonary Therapy		20% after deductible  20% after deductible (No visit max)  20% after deductible	40% after deductible	20% after deductible  \$25 copay(36 visit max)  \$25 copay (20 visit max)	40% after deductible
<b>Advanced Diagnostic Imaging</b>					
<b>MRI, MRA, CT Scans and PET Scans</b>		20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency / Urgent Care</b>					
<b>Urgent Care Services</b>		\$60 Copay	40% after deductible	\$75 Copay	40% after deductible
<b>Emergency Room Services</b> Life-threatening illness or serious accidental injury only The ER copayment will be waived if admitted to the hospital		\$150 copay; then member pays 20%	\$150 copay; then member pays 20%	\$300 copay	\$300 copay

# MEDICAL BENEFIT SUMMARY



	BASE		BUY UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient</b>				
<b>Outpatient Facility Services</b> Surgery facility/hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Inpatient</b>				
<b>Inpatient Facility Services</b> Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (anesthesiologist, radiologist, pathologist)	20% after deductible  20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Other Health Care Facilities / Services</b>				
<b>Skilled Nursing Facility</b> BASE PLAN - 30-day benefit period maximum BUY UP PLAN - 60 day benefit period maximum	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Mental Health/Substance Abuse Services</b> (*services must be authorized by calling 1-800-292-2879)				
Inpatient mental health and substance abuse services* (physician fee)	20% after deductible		20% after deductible	
Inpatient mental health and substance abuse services* (physician fee)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Partial Hospitalization Program (PHP) and Intensive Outpatient Program(IOP)* (facility and physician fee)	20% after deductible		20% after deductible	
Office mental health and substance abuse services (physician fee)	\$25 copayment		\$50 copayment	
Outpatient mental health and substance abuse services (physician fee)	20% after Deductible		20% after Deductible	
<b>Home Health Care</b> BASE PLAN - 120 visit benefit period maximum BUY UP PLAN - 60 visit benefit period maximum	\$25 copayment	40% after deductible	20% after deductible	40% after deductible
<b>Hospice Care Services</b> Inpatient and outpatient services covered under the hospice treatment program	Member pays 0% (not subject to deductible)	30% after deductible	20% after deductible	40% after deductible
<b>Durable Medical Equipment (DME)</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Ambulance Services</b> (covered when medically necessary)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Prescription Drugs (Option KE) Essential</b>				
Essential Drug Formulary Definition: Your Plan limits coverage of Prescription Drugs to only those listed on our Essential Drug List. The Essential Drug List includes selected Generic and Brand Name Drugs. A list of the drugs that are covered on the Essential Drug List is available at <a href="https://www.bcbsga.com/pharmacyinformation">https://www.bcbsga.com/pharmacyinformation</a> . Current benefit period cost shares (copayments, coinsurance, and pharmacy deductible) for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums.				
Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Member must file a claim form for reimbursement when using an out-of-network pharmacy. Specialty drugs can only be obtained from a Specialty Pharmacy.				
<b>Deductible</b> (Does not apply to Tier 1 Retail or Tier 1 Home Delivery)	\$200 per member \$400 per family		None	
<b>Retail Drugs – Tier 1 (30 day supply)</b>	\$15 copayment		\$10 copayment	
<b>Retail Drugs – Tier 2 (30 day supply)</b>	\$45 copayment		\$35 copayment	
<b>Retail Drugs – Tier 3 (30 day supply)</b>	\$85 copayment		\$60 copayment	
<b>Retail Drugs – Tier 4 (30 day supply)</b>	Member pays 20%, up to a \$300 maximum per prescription drug		Not Applicable	
<b>Home Delivery Maintenance Drugs</b> Tier 1 (90 day supply)	\$15 copayment		\$25 copayment	
<b>Home Delivery Maintenance Drugs</b> Tier 2 (90 day supply)	\$90 copayment		\$87 copayment	
<b>Home Delivery Maintenance Drugs</b> Tier 3 (90 day supply)	\$255 copayment		\$150 copayment	
<b>Home Delivery Maintenance Drugs</b> Tier 4 (30 day supply)	Member pays 20%, up to a \$300 maximum per prescription drug		Not Applicable	
<b>Prescription Drug Tier Definitions</b>				
<b>Future Moms Program</b>	<b>Mothers-to-be can earn up to \$200 towards gift cards to national retailers for participating and get personalized support and guidance.</b> You can call to speak to a nurse coach at 866-664-5404 for answers to your pregnancy questions – any time, any day.			
<b>Healthy Lifestyles Online Program</b>	<b>Earn up to \$150 towards gift cards to national retailers for participating in the Health Lifestyles program.</b> Healthy Lifestyles is an online personalized well-being improvement program that focuses on physical, social and emotional behaviors that affect your total well-being. You start by completing a Well-Being Assessment (WBA) to help identify health goals and to develop a well-being plan. Your well-being plan uses the personal goals you set to keep you motivated, and it changes over time as you make progress toward them.			
<b>24/7 NurseLine</b>	Access trained registered nurses any time of the day or night Call 24/7 NurseLine at <b>888-724-2583</b>			

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Our Health Reimbursement Arrangement (HRA) administrator is HealthEquity. Each employee and dependent enrolled in the medical plan will automatically be enrolled into the HRA plan. HealthEquity receives information directly from BlueCross BlueShield of Georgia (BCBSGA) when you have a claim. HealthEquity will contact you if you are eligible for reimbursement under the HRA program. You will no longer be required to provide copies of your Explanation of Benefits (EOBs) for HRA reimbursements.

## WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

The HRA will reimburse a covered individual for deductible amounts based on your plan election.

<b>Deductible</b> - This is the amount you have to pay before the plan begins to pay for covered services you use.		
<b>BCBSGA Deductible</b>	<b>Your Share</b>	<b>County HRA will cover you:</b>
\$2,500	First \$1,500	Next \$1,000
<b>Total Cost</b>	<b>Your Share</b>	<b>County HRA</b>
\$2,500	\$1,500	\$1,000
<b>Important:</b> Before you receive treatment, a Doctor or Hospital can require you to pay, or make arrangements to pay, any deductible that our BCBSGA plan requires. Once you are treated and your claim is filed with BCBSGA, our HRA can reimburse you.		

## WHAT ARE THE ADVANTAGES?

### Lower premium contributions:

An HRA with an HRA-compatible health plan helps lower annual premium increases for Ware County. As a result, your premium contributions for health coverage may be stabilized.

### Tax-Free benefits:

You're not taxed on any of the funds that Ware County contributes to your HRA.

## WHO IS ELIGIBLE TO PARTICIPATE IN THE HRA?

Any employee/dependent who elects the medical coverage will automatically be enrolled in the HRA.

## HOW DO I SUBMIT A REIMBURSEMENT REQUEST?

Your medical claim will be submitted to HealthEquity automatically from BCBSGA. Sign up for direct deposit to receive your payments faster and avoid the \$2 check fee.

## HOW SOON WILL I RECEIVE MY REIMBURSEMENT?

Your claim will be processed within 2-5 business days after it is received. After your claim is processed it will either go out as a direct deposit or a check. Direct deposit reimbursements take 2-4 business days, and reimbursements by check take 7-10 business days. To sign up for direct deposit, go to My profile on your HealthEquity member portal and select Account Information; or fill out the direct deposit form found on your member portal under Forms and Docs and send it with a voided check to HealthEquity.

## Your HealthEquity Member Portal

Access Account Information and Helpful Health Care Financial Service Tools

### To log in to your HealthEquity member portal:

- » **Go to [www.myhealthequity.com](http://www.myhealthequity.com).**
- » **Type in your username and password.**
- » **If you have never logged in before, select that you are logging in for the first time as a member.** Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence. This information is used to identify you as the actual account holder.
- » **HealthEquity's expert specialists are standing by 24/7/365 to answer your questions** about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at 877-583-4257.

### Your HealthEquity portal allows you to:

- Check your account balance in real time.
- Compare the cost of treatments and providers within a specific ZIP code using the HealthEquity medical pricing tool.
- Check to see if your prescription has a generic alternative or less expensive substitute using the prescription drug pricing tool.

## Finding Fast Answers on Your HealthEquity Member Portal:

Need to:	Click on:
Check balance	<b>My Money</b> , then <b>Account Balance</b>
Check the status of a claim	<b>My Money</b> , then <b>Reimbursement Account Detail</b>
Change password and username	<b>My Profile</b> , then <b>Login Settings</b>
Add EFT information to avoid a \$2 fee for paper checks	<b>My Profile</b> , then <b>Account Information</b>
Update personal information	<b>My Profile</b> , then <b>Personal Information</b>
Verify dependent information	<b>My Health</b> , then <b>Dependent Information</b>
Obtain a direct deposit form	<b>Forms &amp; Docs</b>

**PLEASE NOTE: All claims must be submitted before March 31<sup>st</sup> of each year to be considered for reimbursement.**





# LiveHealth Online

Quick and easy access  
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.<sup>1</sup> Plus, online visits using LiveHealth Online are already part of your Blue Cross and Blue Shield of Georgia benefits. To start using LiveHealth Online, all you need to do is sign up at [livehealthonline.com](http://livehealthonline.com) or download the app.

## Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.<sup>2</sup> It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

## LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.<sup>3</sup> All you have to do is sign up at [livehealthonline.com](http://livehealthonline.com) or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

## Make your first appointment – when it's easy for you

- Use the app or go to [livehealthonline.com](http://livehealthonline.com) and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



**LiveHealth**  
O N L I N E

## LiveHealth Online: what you need to know

### What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

### When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

### How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

## LiveHealth Online Psychology

### What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



### How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

### How do I decide which therapist to see?

After you log in at [livehealthonline.com](https://livehealthonline.com) or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

### What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

## Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to [livehealthonline.com](https://livehealthonline.com) or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App Store<sup>SM</sup>](https://apps.apple.com/us/app/livehealth-online/id1444444444).

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Blue Cross and Blue Shield of Georgia. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at [livehealthonline.com](https://livehealthonline.com) for more details.

3 Appointments subject to availability of a therapist.

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# DENTAL BENEFIT SUMMARY

GENERAL INFORMATION	IN-NETWORK BENEFITS
<b>Calendar Year Deductible</b>	<b>\$50 Individual \$150 Family</b>
<b>Calendar Year Maximum</b>	<b>\$1,500 per person</b>
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam</li> <li>Teeth cleaning (prophylaxis)</li> <li>Bitewing X-rays: 2 X per 12 months</li> <li>Intraoral X-rays</li> </ul>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Amalgam (silver-colored) Filling</li> <li>Front composite (tooth-colored) Filling</li> <li>Back composite Filling, Alternated to Amalgam Benefit</li> <li>Simple Extractions</li> <li>Endodontics (Root canal)</li> <li>Periodontics (Scaling and root planing)</li> <li>Oral Surgery (Surgical extractions)</li> <li>Prosthetic repairs/adjustments</li> </ul>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Dentures</li> <li>Bridges</li> </ul>	<b>50%</b>
<b>Orthodontic Services</b> \$1,500 Lifetime Maximum for child(ren) under age 19 <ul style="list-style-type: none"> <li>The deductible does not apply to Orthodontic services.</li> </ul>	<b>50%</b>

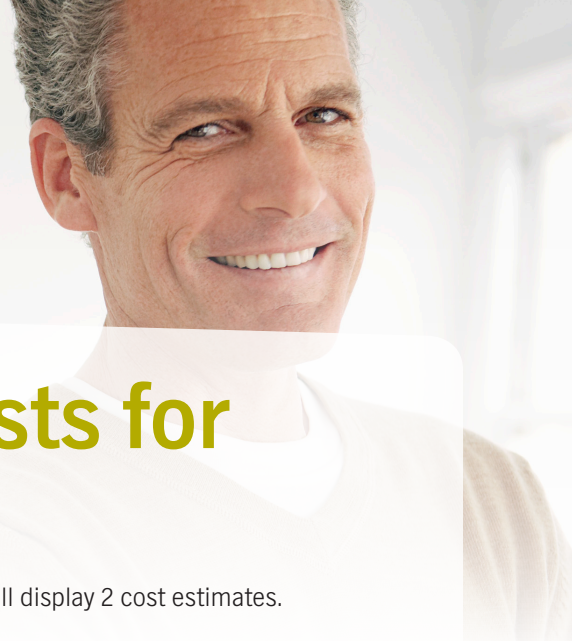
## EMPLOYEE DENTAL DEDUCTIONS

Bi-Weekly Deductions (26/year)

COVERAGE LEVEL	EMPLOYEE COST
<b>Employee Only</b>	<b>\$16.15</b>
<b>Employee + Spouse</b>	<b>\$30.23</b>
<b>Employee + One Child</b>	<b>\$30.23</b>
<b>Employee + Two or More Dependents</b>	<b>\$41.98</b>

### Finding a Provider

You can search for physicians, other health care professionals and hospitals in your network by using [www.bcbsga.com](http://www.bcbsga.com) and following these easy steps: Click on "Find a Doctor". You may either login if you are currently registered as an online member or choose to "Search as a Guest". If you choose to search as a guest, select "Through my employer", "Georgia", "Dental" and "Traditional Dental Network" and click "Continue". You may search by the name or specialty of the provider. Next, enter either the City and State or zip code and click on the "Search" button. From this screen you may sort the results by distance or alphabetically. Or you can contact Customer Care at 1-855-397-9267.



# Better understand the costs for your dental care.

You can make better decisions about your dental care when you have a better understanding of your treatment options and costs. That's why Blue Cross and Blue Shield of Georgia's (BCBSGa) Dental Care Cost Estimator is such a valuable tool.

## Understand your costs ahead of time

This user-friendly, web-based tool provides estimates for common dental procedures and treatments, giving BCBSGa members even more opportunities to understand their dental care costs prior to receiving their care.

## How it works

It takes only 3 steps to get cost estimates for specific dental treatments.

1. Log in to the BCBSGa Dental Member Services portal at [bcbsga.com/mydental](http://bcbsga.com/mydental) for our Dental Prime, Dental Complete and Smart Access plans.
2. Select "Dental Care Cost Estimator" from the menu.
3. Begin your search.

- A** Enter your dentists' ZIP code
- B** Enter either a keyword (e.g. cleaning), a dental procedure code or select a dental procedure category

**Procedure Fee Tool**

**ESTIMATE DENTAL COSTS**

Use the Procedure Fee Tool to find approximate costs that may be charged for dental procedures in a zip code area. The costs displayed give you an idea of what the provider may charge. The insurance company will determine the insurance benefits based on the dentist's actual fee and the terms of the employer's group insurance policy.

Step 1 **A** Enter a ZIP Code where the provider is located. If not sure, enter your home ZIP Code.

Step 2 **B** Enter a Keyword (e.g., cleaning) or Dental Procedure Code (e.g., D1110)

(If entering a Dental Procedure Code, be sure to include the letter "D" at the beginning, for example D2140).

OR

Select a Dental Procedure Category from the following list:

Select a Category **B**

- Diagnostic Services
- Preventive Care
- Fillings & Inlays
- Crowns & Bridges
- Endodontics (root canals)
- Periodontics
- Dentures
- Implants
- Oral Surgery
- Others

To see results click the **Start Search** button.

Terms & Conditions | Privacy Policy  
Fee information provided in partnership with FAIR Health

Your search results will display 2 cost estimates.

- 1** "Fee Range" – This is a range of fees that dentists in the ZIP code provided charge for a procedure.
- 2** "In-Network Fee" – The specific cost for the procedure charged by participating Dental Prime, Dental Complete and Smart Access network dentists in that ZIP code.

Procedure Code† (CDT-14)	Category	Description	Fee Range * <b>1</b>	In-Network Fee <b>2</b>
D1110	Preventive	Teeth cleaning, adult	\$87 - \$97	\$59
D1120	Preventive	Teeth cleaning, child	\$64 - \$69	\$41
D1330	Preventive	Oral hygiene instruction	\$60 - \$60	\$23
D1351	Preventive	Pit & fissure sealant	\$55 - \$66	\$31
D1510	Preventive	Space maintainer, fixed, unilateral	\$318 - \$355	\$203
D1515	Preventive	Space maintainer, fixed, bilateral	\$485 - \$540	\$348
D1520	Preventive	Space maintainer, removable, unilateral	**	\$257
D1525	Preventive	Space maintainer, removable, bilateral	\$490 - \$554	\$353
D1550	Preventive	Space maintainer recementation	\$71 - \$94	\$45
D1555	Preventive	Removal of fixed space maintainer	\$66 - \$77	\$45
D1206	Preventive	Flouride Application - mod to high risk	\$39 - \$54	\$22
D1310	Preventive	Nutritional counseling to control dental disease	\$23 - \$23	\$23

## Get the final details from your dentist

Your BCBSGa dental benefits may pay a portion of treatment cost, and you may also be required to pay a portion of the cost yourself. As always, talk with your dentist and have them provide detailed costs for your treatment including how much is covered by insurance and how much you will need to pay.

**Log in to the BCBSGa Dental Member Services portal at [bcbsga.com/mydental](http://bcbsga.com/mydental) to use the Dental Care Cost Estimator.**



# VISION BENEFIT SUMMARY (Continued)



## WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



## VISION CARE SERVICES

### Contact lens fitting and follow up

A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.

- Standard contact fitting\*
- Premium contact lens fitting\*\*

\*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

\*\*A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

### IN-NETWORK Member Cost

Fitting and follow up visits up to \$55

10% off retail price

### OUT-OF-NETWORK

Discounts not available out-of-network

**Discounts - Savings on additional eyewear and accessories** - After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

BLUE VIEW VISION ADDITIONAL SAVINGS	MEMBER SAVINGS	LASER VISION CORRECTION SURGERY
<b>Additional Pair of Complete Eyeglasses</b>	40% discount off retail*	Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at <a href="http://bcbsga.com">bcbsga.com</a> and select vision care.
<b>Contact Lenses - Conventional</b> <i>(Discount applied to materials only)</i>	15% off retail price	<b>USING YOUR BLUE VIEW VISION PLAN</b> The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.
<b>Eyewear Accessories</b> Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.	20% off retail price	<b>OUT-OF-NETWORK</b> If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.
*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.		To Fax: <b>866-293-7373</b> To Email: <a href="mailto:oonclaims@eyewearspecialoffers.com">oonclaims@eyewearspecialoffers.com</a> To Mail: <b>Blue View Vision</b> Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111

## EXCLUSIONS & LIMITATIONS

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

# EMPLOYEE VISION DEDUCTIONS

Bi-Weekly (26 deductions per Year)

MEMBERS COVERED	VISION COST
Employee Only	<b>\$2.80</b>
Employee + Spouse	<b>\$5.32</b>
Employee + One Child	<b>\$5.60</b>
Employee + Two or More Dependents	<b>\$8.23</b>

## Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network — but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on [www.bcbsga.com](http://www.bcbsga.com). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

## If I receive a bill from a doctor or hospital that I don't think I owe, what should I do?

Contact BCBSGA and make sure the claim has been filed with them and you have been sent from BCBSGA the medical explanation of benefits (EOB). If the claim has not been filed contact your medical provider and request they file the claim with BCBSGA. If BCBSGA did receive the claim and you feel the claim was not processed correctly, please fax the EOB or the bill you received from your medical provider to **MSI Benefits Group**, Fax: 800-580-2675 and/or call them at 800-580-1629 for assistance.

## What prescription drugs are covered?

View the drugs we cover at <https://www.bcbsga.com/pharmacyinformation>. And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs. To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on [www.bcbsga.com](http://www.bcbsga.com). Then go to FAQs > Pharmacy.

## How do I get my prescription via mail?

You can either call Express Scripts at 800-293-2202 or you can go to [www.Express-Scripts.com](http://www.Express-Scripts.com) and follow the instructions to set up an account.

## Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

## Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to [www.bcbsga.com](http://www.bcbsga.com) and click the Health & Wellness tab. Once you're a member, you can log in and see more. Check out these health and wellness programs your employer is providing in addition to your health insurance benefits.

- **24/7 NurseLine** — Our registered nurses can answer your health questions wherever you are — any time, day or night.
- **Future Moms** — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.
- **ConditionCare** — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

## How can my plan help me save money?

You'll save money every time you go to a doctor in network — they've agreed to charge lower rates for BCBSGA members. But we'll also help save you money before you go to the doctor. At [www.bcbsga.com](http://www.bcbsga.com), you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

- **Home Delivery Pharmacy** — You can save money and time by having your prescriptions delivered to your home. Learn how to get started with Home Delivery.
- **Site of Service** — If your plan includes Site of Service, you can get quality care for less money when you choose a freestanding, independent X-ray provider, ambulatory surgery center or lab from our network.
- **Cost and Quality** — If you're getting an imaging test (like an X-ray), a sleep test, colonoscopy or endoscopy, we'll work with you and your doctor to give you choices so you can find quality facilities at low prices.

# BASIC TERM LIFE and AD&D INSURANCE



Below is a brief description of Ware County's group life insurance coverage underwritten by Greater Georgia Life. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



## **ALL FULL-TIME EMPLOYEES**

### **Basic Life Insurance Benefit:**

Elected Officials

**1.5 X Basic Annual Earnings**

Department Heads

**1 X Basic Annual Earnings**

All Other Full-Time Eligible Employees

**\$15,000**

**Cost: 100% County Paid**

**Accidental Death and Dismemberment (AD&D) Benefit:** Same as basic life benefit.

**Reductions in Insurance:** Life and AD&D insurance reduces by 35% at age 65; 50% at age 70. All coverage terminates at retirement.

**Accelerated Death Benefit:** If you become terminally ill and meet other eligibility requirements you may request an Accelerated Benefit of up to 75% of your Life Insurance.

**Waiver of Premium (If Disabled):** Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at Social Security Normal Retirement Age (SSNRA) or prior retirement.

**Actively at Work:** Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last 12 months. To continue coverage you must elect a portability or conversion option within 30 days of your coverage terminating.

**Seat Belt Benefit:** Pays an extra 10% of the benefit amount up to \$15,000 if employees die in an auto accident while wearing a seatbelt.

**Air Bag Benefit:** Pays an extra 10% of the AD&D benefit amount up to \$10,000 if employees die in an auto accident while wearing a seatbelt in a car that has an airbag.

**Repatriation Benefit:** Helps pay costs, up to \$5,000, to prepare and transport the body if an employee dies in an accident more than 75 miles from home.

## **BASIC FAMILY LIFE INSURANCE**

Spouse

**\$7,500**

Child(ren) - Age 15 days to 26 years

**\$3,500**

**Cost: \$0.92** Bi-Weekly (26 deductions per year)



# GROUP LONG TERM DISABILITY INSURANCE

Below is a brief description of Ware County's group Long-Term Disability insurance coverage underwritten by Greater Georgia Life. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



**Long Term Disability** insurance is designed to protect an employee from losing his/her ability to earn a living due to long-term or permanent work loss caused by an accident, pregnancy or physical disease.

**Premium Contributions:** Your coverage is Non-Contributory. This means Ware County pays 100% of the cost for Your Long Term Disability Benefit coverage.

**All Full Time Active Employees:** Plan replaces 50% of your monthly Earnings, reduced by deductible income to a \$5,000 Maximum Monthly Benefit.

**Benefit Elimination Period.** 90-days - This is the time served from the onset of disability to the date benefits begin to accrue.

**Maximum Benefit Period:** If you are eligible for Long Term Disability Benefits under the Policy, you will receive a Monthly Benefit Payment each month up to the Maximum Benefit Period. Your Maximum Benefit Period is based on Your age at Disability as follows:

### ADEA – 65 Reducing Benefit Duration (RBD)

<u>Age when Disability Begins</u>	<u>Maximum Benefit Period</u>
Less than age 60	To age 65, but not less than 5 years.
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

**2 Year Own Occupation (Definition of Disability):** During the first 24 months, you are considered disabled if you are unable to perform the material duties of your own occupation *and* you are unable to earn at least 80% of your pre-disability earnings. After the 24-month period, you are considered disabled if you are unable to perform the material duties of Any Occupation for which you are reasonably fitted by education; training or experience *and* you are unable to earn at least 60% of your pre-disability earnings.

**Pre-Existing Condition Limitation: 3/12** An illness or injury for which an ordinarily prudent person would have received treatment within 3 months prior to the employee's effective date is considered a pre-existing condition. LTD insurance will not cover any disability caused by a pre-existing condition within the first 12 months after the insured employee's effective date.

**Work Incentive Benefit:** During the first 12 months of a partial disability, employee can work and receive up to 100% of their pre-disability earnings through a combination of the LTD benefit and their earnings.

## Life Insurance Amount

- Employee:** Increments of \$10,000 to a maximum of \$500,000.  
(Not to exceed 5 x annual earnings)
- Spouse:** Increments of \$5,000 to a maximum of \$250,000  
(Rates based on spouse's age)
- Child:** \$10,000
- Note:** Spouse and Child Life amount may not exceed 50% of employee's elected amount.



## Guaranteed Issue Amounts

*(available to new employees at initial offering only)*

- Employee:** \$150,000
- Spouse:** \$ 30,000
- Child:** \$ 10,000

## Reductions in Insurance:

You will still have benefits after age 65, though they will reduce by **35% at age 65 then by 50% at age 70**. All benefits end at retirement.

## Living Benefit (accelerated death benefit)

You can ask for up to 75% of your voluntary life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

## Waiver of Premium

Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at Social Security Normal Retirement Age (SSNRA) or prior retirement.

## Portability of Supplemental Life Insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your voluntary life insurance coverage with you by paying the required premiums. Rates for coverage for employees who elect portability coverage are based on the coverage for all individuals covered by portability coverage, provided under the portability pool. Employees pay premium directly to Greater Georgia Life.

## Conversion

If you leave your job – for any reason – you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.



# SUPPLEMENTAL TERM LIFE INSURANCE

EMPLOYEE LIFE OPTIONS					BI-WEEKLY DEDUCTIONS (26 / Year)					
AGE	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.46	\$0.57	\$0.81	\$1.18	\$2.14	\$3.24	\$4.77	\$6.64	\$10.02	\$19.04
\$20,000	\$0.91	\$1.14	\$1.62	\$2.35	\$4.27	\$6.47	\$9.54	\$13.27	\$20.04	\$38.09
\$30,000	\$1.37	\$1.72	\$2.44	\$3.53	\$6.41	\$9.71	\$14.30	\$19.91	\$30.06	\$57.13
\$40,000	\$1.83	\$2.29	\$3.25	\$4.71	\$8.55	\$12.94	\$19.07	\$26.55	\$40.08	\$76.17
\$50,000	\$2.28	\$2.86	\$4.06	\$5.88	\$10.68	\$16.18	\$23.84	\$33.18	\$50.10	\$95.22
\$60,000	\$2.74	\$3.43	\$4.87	\$7.06	\$12.82	\$19.41	\$28.61	\$39.82	\$60.12	\$114.26
\$70,000	\$3.20	\$4.01	\$5.69	\$8.24	\$14.96	\$22.65	\$33.37	\$46.46	\$70.14	\$133.30
\$80,000	\$3.66	\$4.58	\$6.50	\$9.42	\$17.10	\$25.88	\$38.14	\$53.10	\$80.16	\$152.34
\$90,000	\$4.11	\$5.15	\$7.31	\$10.59	\$19.23	\$29.12	\$42.91	\$59.73	\$90.18	\$171.39
\$100,000	\$4.57	\$5.72	\$8.12	\$11.77	\$21.37	\$32.35	\$47.68	\$66.37	\$100.20	\$190.43
\$110,000	\$5.03	\$6.30	\$8.94	\$12.95	\$23.51	\$35.59	\$52.44	\$73.01	\$110.22	\$209.47
\$120,000	\$5.48	\$6.87	\$9.75	\$14.12	\$25.64	\$38.82	\$57.21	\$79.64	\$120.24	\$228.52
\$130,000	\$5.94	\$7.44	\$10.56	\$15.30	\$27.78	\$42.06	\$61.98	\$86.28	\$130.26	\$247.56
\$140,000	\$6.40	\$8.01	\$11.37	\$16.48	\$29.92	\$45.30	\$66.75	\$92.92	\$140.28	\$266.60
\$150,000	\$6.85	\$8.58	\$12.18	\$17.65	\$32.05	\$48.53	\$71.52	\$99.55	\$150.30	\$285.65
\$200,000	\$9.14	\$11.45	\$16.25	\$23.54	\$42.74	\$64.71	\$95.35	\$132.74	\$200.40	\$380.86
\$250,000	\$11.42	\$14.31	\$20.31	\$29.42	\$53.42	\$80.88	\$119.19	\$165.92	\$250.50	\$476.08
\$300,000	\$13.71	\$17.17	\$24.37	\$35.31	\$64.11	\$97.06	\$143.03	\$199.11	\$300.60	\$571.29
\$400,000	\$18.28	\$22.89	\$32.49	\$47.08	\$85.48	\$129.42	\$190.71	\$265.48	\$400.80	\$761.72
\$500,000	\$22.85	\$28.62	\$40.62	\$58.85	\$106.85	\$161.77	\$238.38	\$331.85	\$501.00	\$952.15

SPOUSE LIFE OPTIONS (Based on Spouse's Age)					BI-WEEKLY DEDUCTIONS (26 / Year)				
AGE	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.23	\$0.29	\$0.41	\$0.59	\$1.07	\$1.62	\$2.38	\$3.32	\$5.01
\$10,000	\$0.46	\$0.57	\$0.81	\$1.18	\$2.14	\$3.24	\$4.77	\$6.64	\$10.02
\$15,000	\$0.69	\$0.86	\$1.22	\$1.77	\$3.21	\$4.85	\$7.15	\$9.96	\$15.03
\$20,000	\$0.91	\$1.14	\$1.62	\$2.35	\$4.27	\$6.47	\$9.54	\$13.27	\$20.04
\$25,000	\$1.14	\$1.43	\$2.03	\$2.94	\$5.34	\$8.09	\$11.92	\$16.59	\$25.05
\$30,000	\$1.37	\$1.72	\$2.44	\$3.53	\$6.41	\$9.71	\$14.30	\$19.91	\$30.06
\$35,000	\$1.60	\$2.00	\$2.84	\$4.12	\$7.48	\$11.32	\$16.69	\$23.23	\$35.07
\$40,000	\$1.83	\$2.29	\$3.25	\$4.71	\$8.55	\$12.94	\$19.07	\$26.55	\$40.08
\$45,000	\$2.06	\$2.58	\$3.66	\$5.30	\$9.62	\$14.56	\$21.45	\$29.87	\$45.09
\$50,000	\$2.28	\$2.86	\$4.06	\$5.88	\$10.68	\$16.18	\$23.84	\$33.18	\$50.10
\$55,000	\$2.51	\$3.15	\$4.47	\$6.47	\$11.75	\$17.79	\$26.22	\$36.50	\$55.11
\$60,000	\$2.74	\$3.43	\$4.87	\$7.06	\$12.82	\$19.41	\$28.61	\$39.82	\$60.12
\$65,000	\$2.97	\$3.72	\$5.28	\$7.65	\$13.89	\$21.03	\$30.99	\$43.14	\$65.13
\$70,000	\$3.20	\$4.01	\$5.69	\$8.24	\$14.96	\$22.65	\$33.37	\$46.46	\$70.14
\$75,000	\$3.43	\$4.29	\$6.09	\$8.83	\$16.03	\$24.27	\$35.76	\$49.78	\$75.15
\$100,000	\$4.57	\$5.72	\$8.12	\$11.77	\$21.37	\$32.35	\$47.68	\$66.37	\$100.20
\$125,000	\$5.71	\$7.15	\$10.15	\$14.71	\$26.71	\$40.44	\$59.60	\$82.96	\$125.25
\$150,000	\$6.85	\$8.58	\$12.18	\$17.65	\$32.05	\$48.53	\$71.52	\$99.55	\$150.30
\$200,000	\$9.14	\$11.45	\$16.25	\$23.54	\$42.74	\$64.71	\$95.35	\$132.74	\$200.40
\$250,000	\$11.42	\$14.31	\$20.31	\$29.42	\$53.42	\$80.88	\$119.19	\$165.92	\$250.50

DEPENDENT LIFE	BI-WEEKLY DEDUCTIONS (26 / Year)
	\$10,000 - \$0.84

# VOLUNTARY SHORT TERM DISABILITY



Below is a brief description of the Voluntary Short-Term Disability insurance coverage underwritten by Greater Georgia Life. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be available at the Human Resources Department, include the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



**SHORT TERM DISABILITY** insurance is designed to provide income protection in the form of a fixed monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

**ELIGIBILITY:** All Active Full-Time Employees working 30 hours or more per week

**BENEFITS:** Plan replaces **60%** of your Basic Weekly Earnings **up to a maximum weekly benefit of \$1,500.**

**BENEFIT WAITING PERIOD:** **7 Days** for Accident; **7 Days** for Sickness

**MAXIMUM BENEFIT PERIOD:** **13 Weeks**

**Maternity coverage same as any other disability.**

**Occupational benefits are excluded.**

**Pre-existing conditions limitation:** *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits for a disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time you become disabled:

You have not received Medical Care for the condition for 3 consecutive months while insured under The Policy; or

You have been continuously covered under The Policy for 12 consecutive months

**Other income benefits:** Any income you received from your employer as a result of any accumulated sick time salary continuation or paid time off, which causes the weekly benefit, plus other income benefits to exceed 100% of your weekly earnings. The amount in excess of 100% of your weekly earnings will be used to reduce the weekly benefit.

## HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

**Note:** If your weekly salary exceeds \$2,500 use **\$2,500** as your weekly salary in the calculation.

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times 60\% = \text{Your Weekly Benefit}$$

$$\frac{\text{Your Weekly Benefit}}{10} = \text{Your Rate}^* = \text{Your Monthly Cost}$$

$$\text{Your Monthly Cost} \times 12 = \text{Annual Cost} \div \frac{26}{\# \text{ Paychecks per Year}} = \text{Cost per Paycheck}^{**}$$

### \*RATES BASED ON AGE

Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
\$0.50	\$0.36	\$0.74	\$0.60	\$0.59	\$0.63	\$0.78	\$0.95	\$1.12	\$1.24

\*\*Final cost may vary slightly due to rounding

**You may elect to enroll in the Healthcare FSA and/or Dependent Care FSA only at open enrollment.**

## WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

Through a Flexible Spending Account (FSA), you are able to set aside money, before it is taxed, in order to pay for eligible out-of-pocket costs for dependent and medical care expenses. **You cannot use your FSA funds to pay for expenses reimbursed back to you by the Health Reimbursement Arrangement (HRA).** *Ware County's FSA expense reporting period is July 1, 2018 through June 30, 2019.*

**There are two types of Flexible Spending Accounts:**

- Healthcare FSA
- Dependent Care FSA

### Healthcare Flexible Spending Account (FSA)

Set aside money in a Healthcare Flexible Spending Account for medical, dental and vision expenses incurred by you, your spouse and your dependents. Eligible expenses include deductibles, co-payments, prescription drugs, x-rays and lab.

**FSA Annual Minimum Election:** \$250 (\$9.62 / 26 deductions per year)

**FSA Annual Maximum Election:** \$2,650 (\$101.92 / 26 deductions per year)

### Dependent Care Flexible Spending Account (DCA)

Through a Dependent Care Flexible Spending Account, you can pay for dependent care expenses when the services allow you to work. (Please note: We can only reimburse you **up to the amount you've contributed to the plan**).

**DCA Annual Maximum Election:**

**\$5,000 per family per year**

**\$2,500 per employee per year if married and filing separate tax returns**

### Here's how it works:

First, estimate how much money you will spend in the coming year for eligible healthcare and dependent care expenses. Once calculated, the flexible spending account allows you to set aside a portion from your salary each payday. The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means that part of your pay that goes towards flexible spending account is tax-free. When you pay for eligible medical and dependent care expenses during the year, you get reimbursed for them with the money you have set aside in your flexible spending account. Since the money was set aside on a tax-free basis, you've saved the tax dollars you would have paid on earnings spent for medical and dependent care expenses.

### INTERNAL REVENUE SERVICE RESTRICTIONS:

- Participant cannot receive payment from any other source for reimbursement amounts requested – the participant must certify expenses are not reimbursable under any other coverage.
- Participant cannot claim reimbursed expenses for the purpose of income tax.
- Claims cannot be reimbursed until the service is rendered (regardless of when payment is made).
- Cosmetic Procedures are not eligible (i.e. teeth bleaching, weight reduction, hair loss, face lift, etc).
- A healthcare account cannot be used to reimburse dependent care expenses.
- A dependent care reimbursement account cannot be used to reimburse medical expenses.
- Remaining balances, after all reimbursements for plan year have been processed, will be forfeited.

### CHANGING YOUR ELECTION:

- You can change your election once a year during the open enrollment period.
- It is important to know that federal law places restrictions on changing your election at other times during the year. For this reason, if you participate in the program, you are generally not allowed to change or cancel the amount you allocate until the next annual enrollment period.
- The events that might permit you to make a change are:
  - Family status changes, including your marriage or divorce, the birth or adoption of a child, or the death of your spouse or dependent.
  - Employment status changes, including a change in your spouse's employment status, a change in full-time vs. part-time employment status of either you or your spouse, or an unpaid leave of absence taken by either you or your spouse.

**Note:** Keep in mind that the only requirement is that the change you make must be consistent with the particular event that has occurred.

### IMPORTANT RULES

**You will be allowed to carry over up to \$500 of your account balance into the next plan year.** The IRS requires that any unused portion of your account balance above \$500 remaining at the end of the year is forfeited. It is important to estimate your expenses carefully. The "grace period" after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

**You cannot use your FSA funds to pay for expenses reimbursed back to you by the Health Reimbursement Arrangement (HRA).**

### THE HEALTHEQUITY VISA

The HealthEquity Visa® Program provides a way to immediately access the funds in your Flexible Spending Account. The card may be used at eligible merchants to pay for eligible expenses under your FSA. Remember, IRS regulations strictly govern the use of these cards, and YOU are solely liable for its use.

### ONLINE ACCOUNT ACCESS

Active participants holding a HealthEquity Visa® may track their FSA status online. Log onto [www.myhealthequity.com](http://www.myhealthequity.com), click on "My Money" then "Reimbursement Account Detail".

ELIGIBLE EXPENSES		INELIGIBLE EXPENSES
<p><b>Medical Expenses</b></p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Alcoholism treatment</li> <li>• Ambulance</li> <li>• Artificial limbs</li> <li>• Autoette/wheelchair</li> <li>• Bandages</li> <li>• Breast reconstruction Surgery (following mastectomy from cancer)</li> <li>• Birth control pills</li> <li>• Braille book and magazines</li> <li>• Chiropractor</li> <li>• Christian science Practitioner</li> <li>• Crutches</li> <li>• Diagnostic services</li> <li>• Disabled dependent medical care</li> <li>• Drug addiction treatment</li> <li>• Drugs and medicines</li> <li>• Fertility treatment</li> <li>• Guide dog</li> <li>• Hearing aids</li> <li>• Home care</li> <li>• Hospital services</li> <li>• Laboratory fees</li> <li>• Lead based paint removal</li> <li>• Maternity care &amp; related services</li> <li>• Meals for inpatient</li> <li>• Medical information plan</li> <li>• Medical services (i.e. physician, surgeon, etc.)</li> <li>• Nursing home</li> <li>• Nursing services</li> <li>• Operations</li> </ul>	<ul style="list-style-type: none"> <li>• Organ donor's medical expenses</li> <li>• Osteopath</li> <li>• Oxygen</li> <li>• Prosthesis</li> <li>• Psychoanalysis</li> <li>• Psychologist</li> <li>• Special education</li> <li>• Sterilization</li> <li>• Stop-smoking programs</li> <li>• Surgery</li> <li>• Telephone/television for hearing-impaired</li> <li>• Therapy</li> <li>• Transplants</li> <li>• Transportation for medical care</li> <li>• Vasectomy</li> <li>• Weight-loss program (specific disease diagnosed by doctor)</li> <li>• Wheelchair</li> <li>• Replacement hair lost due to illness</li> <li>• X-ray</li> </ul> <p><b>Dental expenses</b></p> <ul style="list-style-type: none"> <li>• Artificial teeth</li> <li>• Dental treatment</li> </ul> <p><b>Eye care expenses</b></p> <ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact lenses</li> <li>• Prescription sunglasses</li> <li>• Eye examinations</li> <li>• Eye surgery (for example, LASIK)</li> <li>• Optometrist</li> </ul> <p><b>*Please Note: Over the Counter Medications are not an eligible expense.</b></p>	<ul style="list-style-type: none"> <li>• Babysitting, childcare, and nursing services for a normal, healthy baby</li> <li>• Controlled substances without a prescription</li> <li>• Cosmetic surgery</li> <li>• Dancing lessons</li> <li>• Diaper services</li> <li>• Electrolysis or hair removal</li> <li>• Funeral expenses</li> <li>• Hair transplant</li> <li>• Health club dues</li> <li>• Health coverage tax credit</li> <li>• Household help</li> <li>• Illegal operations and treatments</li> <li>• Insurance premiums (for example, HMO premiums, Employer sponsored health insurance plan premiums)</li> <li>• Maternity clothes</li> <li>• Medical savings account (MSA)/health saving account (HSA) contributions</li> <li>• Medicare B and D premiums</li> <li>• Nutritional supplements</li> <li>• Over-the-counter medications</li> <li>• Personal use items</li> <li>• Swimming lessons</li> <li>• Teeth whitening</li> <li>• Veterinary fees</li> <li>• Weight-loss program not part of specific disease treatment</li> </ul> <p>• <a href="#"><u>Expenses reimbursed back to you by the Health Reimbursement Arrangement (HRA)</u></a></p>

## Your HealthEquity Member Portal

Access Account Information and Helpful Health Care Financial Service Tools

### To log in to your HealthEquity member portal:

- » Go to [www.myhealthequity.com](http://www.myhealthequity.com).
- » Type in your username and password.
- » If you have never logged in before, select that you are logging in for the first time as a member. Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence. This information is used to identify you as the actual account holder.
- » HealthEquity's expert specialists are standing by 24/7/365 to answer your questions about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at 877-583-4257.

### Your HealthEquity portal allows you to:

- Check your account balance in real time.
- Compare the cost of treatments and providers within a specific ZIP code using the HealthEquity medical pricing tool.
- Check to see if your prescription has a generic alternative or less expensive substitute using the prescription drug pricing tool.

### Finding Fast Answers on Your HealthEquity Member Portal:

Need to:	Click on:
Check balance	<b>My Money</b> , then <b>Account Balance</b>
Check the status of a claim	<b>My Money</b> , then <b>Reimbursement Account Detail</b>
Change password and username	<b>My Profile</b> , then <b>Login Settings</b>
Update personal information	<b>My Profile</b> , then <b>Personal Information</b>

## Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a covered accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Surgery and anesthesia
- Wheelchairs
- Bandages
- Use of the emergency room
- Stitches
- Crutches
- Casts

You get the picture. These costs add up – fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that. Below is a brief description of the group accident insurance, detailed brochures are available upon request.

<b>PLAN FEATURES</b> 24-Hour coverage. No limit on the number of claims. Supplements and pays regardless of any other insurance programs.		Benefits available for spouse and/or dependent children. Benefits for both inpatient and outpatient treatment of covered accidents. Guaranteed Issue – No underwriting required to qualify for coverage.	
<b>PLAN BENEFITS</b>			
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>		<b>MAJOR INJURIES</b>	
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	<b>\$100,000</b>	<b>Fractures (closed reduction*)</b>	
Accidental Death	<b>\$50,000</b>	Hip/Thigh	<b>\$4,000</b>
Double Dismemberment	<b>\$25,000</b>	Vertebrae (except processes)	<b>\$3,600</b>
Single Dismemberment	<b>\$12,500</b>	Pelvis	<b>\$3,200</b>
Loss of One or More Fingers or Toes	<b>\$1,250</b>	Skull (depressed)	<b>\$3,000</b>
Partial Amputation of Fingers or toes (including at least one joint)	<b>\$100</b>	Leg	<b>\$2,400</b>
<b>HOSPITAL BENEFITS</b>		Forearm/Hand/Wrist	<b>\$2,000</b>
Paralysis (Quadriplegia)	<b>\$10,000</b>	Shoulder blade/Collar bone	<b>\$1,600</b>
Hospital Admission	<b>\$1,000</b>	Lower Jaw (Mandible)	<b>\$1,600</b>
Hospital Intensive Care (per day)	<b>\$400</b>	Skull (Simple)	<b>\$1,400</b>
Hospital Confinement (per day)	<b>\$200</b>	Upper Arm/Upper Jaw	<b>\$1,400</b>
Medical Fees	<b>\$125</b>	Facial bones (except teeth)	<b>\$1,200</b>
<b>SPECIFIC INJURIES</b>		Vertebral Processes	<b>\$800</b>
Burns	<b>\$100-\$20,000</b>	Coccyx/Rib/Finger/Toe	<b>\$320</b>
Lacerations	<b>\$25-\$400</b>	<b>Complete Dislocations (closed reduction*)</b>	
Ruptured Disc	<b>\$100-\$400</b>	Hip	<b>\$3,000</b>
Tendons/Ligaments	<b>\$400-\$600</b>	Knee (not knee cap)	<b>\$1,950</b>
Torn Knee Cartilage	<b>\$100-\$400</b>	Shoulder	<b>\$1,500</b>
Eye Injuries	<b>\$50-\$250</b>	Foot/Ankle	<b>\$1,200</b>
Coma (lasting 30 days or more)	<b>\$10,000</b>	Hand	<b>\$1,050</b>
Concussion	<b>\$200</b>	Lower Jaw	<b>\$900</b>
Emergency Dental Work	<b>\$50-\$150</b>	Wrist	<b>\$750</b>
<b>ADDITIONAL BENEFITS</b>		Elbow	<b>\$600</b>
Internal Injuries	<b>\$1,000</b>	Finger/Toe	<b>\$240</b>
Air Ambulance	<b>\$1,000</b>	* If Fracture/Dislocation requires open reduction benefit will be double the amount shown.	
Prosthesis	<b>\$500</b>		
Transportation	<b>\$150-\$300</b>		
Exploratory Surgery	<b>\$250</b>		
Ambulance	<b>\$200</b>		
Blood/Plasma	<b>\$100</b>		
Appliances	<b>\$100</b>		
Family Lodging Benefit	<b>\$100</b>		
Wellness Benefit (after 12 month waiting period)	<b>\$50</b>		
Accident Follow-up Treatment	<b>\$30</b>		
Physical Therapy	<b>\$30</b>		

## EMPLOYEE DEDUCTIONS

Bi-Weekly (26 deductions per Year)

MEMBERS COVERED	COST
Employee Only	<b>\$ 9.07</b>
Employee + Spouse	<b>\$13.60</b>
Employee + Child(ren)	<b>\$15.90</b>
Employee + Spouse & Child(ren)	<b>\$20.43</b>

**Critical Illness Insurance pays benefits if an insured person is diagnosed with one of the specified critical illness if:** 1) The date of diagnosis is after the waiting period; and 2) the date of diagnosis is while this policy is in force; and 3) you are confined to a hospital as a result of the specified critical illness and charged for room, board and other applicable charges; and 4) it is not excluded by name or specific description in the policy.

## PLAN BENEFITS

**FIRST OCCURRENCE BENEFIT** After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase spouse coverage.

**ADDITIONAL OCCURRENCE BENEFIT** If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses. Occurrences must be separated by at least 6 months.

**RE-OCCURRENCE BENEFIT** If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the insured has gone treatment free for 12 months

**50% CHILD COVERAGE AT NO ADDITIONAL COST** Each dependent child is covered at 50 percent of the primary insured amount at no additional charge.

**\$50 HEALTH SCREENING BENEFIT (EMPLOYEE AND SPOUSE)** After the 30 day waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for dependent children.

*Covered health screening test include: mammography, colonoscopy, pap smear, breast ultrasound, chest x-ray, PSA (blood test for prostate cancer), stress test on a bicycle or treadmill, and bone marrow testing, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), Flexible sigmoidoscopy, Hemocult stool analysis, Serum protein electrophoresis (blood test for myeloma), Thermography, Fasting blood glucose test, Serum cholesterol test to determine level of HDL and LDL.*

**PRE-EXISTING CONDITION LIMITATION** means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any critical illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

COVERED SPECIFIC CRITICAL ILLNESSES:	
<b>Cancer</b> (Internal/Invasive)	<b>100%</b>
<b>Heart Attack</b> (Myocardial Infarction)	<b>100%</b>
<b>Stroke</b> (Apoplexy or Cerebral Vascular Accident)	<b>100%</b>
<b>Major Organ Transplant</b>	<b>100%</b>
<b>Renal Failure</b> (End Stage)	<b>100%</b>
<b>Carcinoma In Situ</b>	<b>25%</b>
<b>Coronary Artery Bypass Surgery</b>	<b>25%</b>

NOTE: If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%. All covered conditions are subject to the definitions found in your certificate.

## EMPLOYEE DEDUCTIONS

Bi-Weekly (26 deductions per Year)

Employee Rates										
Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
17-29	\$1.92	\$3.16	\$4.38	\$5.62	\$6.84	\$8.08	\$9.30	\$10.52	\$11.76	\$12.98
30-39	\$2.84	\$4.96	\$7.10	\$9.22	\$11.36	\$13.48	\$15.62	\$17.74	\$19.88	\$22.02
40-49	\$4.94	\$9.18	\$13.42	\$17.66	\$21.90	\$26.14	\$30.38	\$34.62	\$38.86	\$43.10
50-59	\$9.10	\$17.48	\$25.88	\$34.26	\$42.66	\$51.06	\$59.44	\$67.84	\$76.22	\$84.62
60-69	\$16.68	\$32.64	\$48.62	\$64.60	\$80.56	\$96.54	\$112.52	\$128.48	\$144.46	\$160.42

Spouse Rates (based on age of spouse)										
Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
17-29	\$1.92	\$2.54	\$3.16	\$3.78	\$4.38	\$5.00	\$5.62	\$6.22	\$6.84	
30-39	\$2.84	\$3.90	\$4.96	\$6.02	\$7.10	\$8.16	\$9.22	\$10.28	\$11.36	
40-49	\$4.94	\$7.06	\$9.18	\$11.30	\$13.42	\$15.54	\$17.66	\$19.78	\$21.90	
50-59	\$9.10	\$13.28	\$17.48	\$21.68	\$25.88	\$30.08	\$34.26	\$38.46	\$42.66	
60-69	\$16.68	\$24.66	\$32.64	\$40.64	\$48.62	\$56.60	\$64.60	\$72.58	\$80.56	



# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## WARE COUNTY HEALTH PLAN

### **Introduction**

You are receiving this notice because you have recently become eligible for the Ware County health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### **You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **J. Edward Cady, Jr., Human Resources, 800 Church Street, Suite 202, Waycross, GA 31501.**

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan Contact Information**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**J. Edward Cady, Jr.**  
**Human Resources**  
**800 Church Street, Suite 202**  
**Waycross, GA 31501**  
**Phone: 912-287-4333**



# IMPORTANT CONTACT INFORMATION

## **WARE COUNTY**

J. Edward Cady, Jr.  
Human Resources Director  
Tel: 912-287-4333

Email: [jecady@waregahr.org](mailto:jecady@waregahr.org)

## **MEDICAL / DENTAL / VISION PLANS**

BlueCross and BlueShield of Georgia

Customer Service

Tel: 855-397-9267

[www.bcbsga.com](http://www.bcbsga.com)

Mail Order Prescriptions

Express Scripts

Tel: 800-293-2202

Mental Health/Substance Abuse

Tel: 800-292-2879

BCBSGA COBRA Department

Tel: 866-800-2272

Dental Customer Service

Tel: 877-604-2158

[www.bcbsga.com/mydental](http://www.bcbsga.com/mydental)

## **MSI BENEFITS GROUP, INC.**

Benefits Broker

Tel: 800-580-1629 / 770-425-1231

Fax: 800-580-2675 / 770-425-4722

Email: [helpme@msibg.com](mailto:helpme@msibg.com)

[www.msibg.com](http://www.msibg.com)

## **LIFE / DISABILITY INSURANCE**

Greater Georgia Life

Tel: 800-851-8544

[www.bcbsga.com](http://www.bcbsga.com)

## **FLEXIBLE SPENDING ACCOUNT (FSA)**

HealthEquity

Tel: 877-583-4257

Fax: 801-407-1792

Online: [www.myhealthequity.net](http://www.myhealthequity.net)

## **ACCIDENT / CRITICAL ILLNESS**

Aflac

Tel: 800-433-3036

[www.aflacgroup.com](http://www.aflacgroup.com)



**MSI Benefits Group**  
245 TownPark Drive, Suite 100  
Kennesaw, GA 30144  
Tel: 800-580-1629 / 770-425-1231  
Fax: 800-580-2675 / 770-425-4722  
Email: [helpme@msibg.com](mailto:helpme@msibg.com)  
[www.msibg.com](http://www.msibg.com)